

IMPORTANT INFORMATION ABOUT YOUR PLAN

- This Schedule of Benefits provides a listing of procedures covered by Your Plan. For procedures that require a Copayment, the amount to be paid is shown in the column titled "In Network Member Pays \$." You pay these Copayments to the dental office at the time of service.
- You must select a United Concordia Primary Dental Office (PDO) to receive Covered Services. Your PDO will perform the below procedures or refer You to a Specialty Care Dentist for further care. Treatment by an Out of Network Dentist is covered as described in the Certificate of Coverage and Point of Service (POS) Rider, subject to a maximum of \$1,000 per Member per Contract year.
- Only procedures listed on this Schedule of Benefits are Covered Services. For services not listed (not covered), You are responsible for the full fee charged by the dentist. Procedure codes and member Copayments may be updated to meet American Dental Association (ADA) Current Dental Terminology (CDT) in accordance with national standards.
- For a complete description of Your Plan, please refer to the Certificate of Coverage, POS Rider and the Schedule of Exclusions and Limitations in addition to this Schedule of Benefits.
- If You have any questions about Your United Concordia Dental Plan, please call Our Customer Service Department toll free at 1-866-357-3304 or access Our Website at www.unitedconcordia.com.

ADA CODE	ADA DESCRIPTION	In Network Member Pays \$	Out of Network Plan Pays Up to \$	ADA CODE	ADA DESCRIPTION	In Network Member Pays \$	Out of Network Plan Pays Up to \$
CLINICAL ORAL EVALUATIONS				D1206	Topical fluoride varnish; therapeutic application for moderate to high risk patients	0	11
D0120	Periodic oral evaluation - established patient	5	12	OTHER PREVENTIVE SERVICES			
D0140	Limited oral evaluation - problem focused	5	19	D1330	Oral hygiene instructions	0	0
D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver	5	19	D1351	Sealant - per tooth	0	14
D0150	Comprehensive oral evaluation - new or established patient	5	17	SPACE MAINTENANCE (passive appliances)			
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	5	19	D1510	Space maintainer - fixed - unilateral	69	64
D0180	Comprehensive periodontal evaluation - new or established patient	5	12	D1515	Space maintainer - fixed - bilateral	108	100
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)				D1520	Space maintainer - removable - unilateral	86	80
D0210	Intraoral - complete series (including bitewings)	0	36	D1525	Space maintainer - removable - bilateral	122	100
D0220	Intraoral - periapical first film	0	6	D1550	Re-cementation of space maintainer	12	11
D0230	Intraoral - periapical each additional film	0	4	D1555	Removal of fixed space maintainer	12	11
D0240	Intraoral - occlusal film	0	9	AMALGAM RESTORATIONS (including polishing)			
D0270	Bitewing - single film	0	6	D2140	Amalgam - one surface, primary or permanent	9	22
D0272	Bitewings - two films	0	11	D2150	Amalgam - two surfaces, primary or permanent	12	28
D0273	Bitewings - three films	0	11	D2160	Amalgam - three surfaces, primary or permanent	15	34
D0274	Bitewings - four films	0	17	D2161	Amalgam - four or more surfaces, primary or permanent	17	41
D0277	Vertical bitewings - 7 to 8 films	0	17	RESIN-BASED COMPOSITE RESTORATIONS - DIRECT			
D0330	Panoramic film	0	31	D2330	Resin-based composite - one surface, anterior	20	24
D0340	Cephalometric film	0	35	D2331	Resin-based composite - two surfaces, anterior	30	30
TESTS AND EXAMINATIONS				D2332	Resin-based composite - three surfaces, anterior	35	40
D0460	Pulp vitality tests	0	13	D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	42	46
D0470	Diagnostic casts	0	28	D2391	Resin-based composite - one surface, posterior	45	28
DENTAL PROPHYLAXIS							
D1110	Prophylaxis - adult	0	25				
D1120	Prophylaxis - child	0	18				
TOPICAL FLUORIDE TREATMENT (office procedure)							
D1203	Topical application of fluoride - child	0	11				
D1204	Topical application of fluoride - adult	0	11				

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D2392	Resin-based composite - two surfaces, posterior	75	40	D3120	Pulp cap - indirect (excluding final restoration)	0	15
D2393	Resin-based composite - three surfaces, posterior	88	48		PULPOTOMY		
D2394	Resin-based composite - four or more surfaces, posterior	100	56	D3220	Therapeutic pulpotomy (excluding final restoration)	52	32
	INLAY/ONLAY RESTORATIONS			D3221	Pulpal debridement, primary and permanent teeth	26	16
D2510	Inlay - metallic - one surface	222◆	138	D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	52	32
D2520	Inlay - metallic - two surfaces	248◆	154		ENDODONTIC THERAPY ON PRIMARY TEETH		
D2530	Inlay - metallic - three or more surfaces	307◆	189	D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	104	64
D2542	Onlay - metallic - two surfaces	282◆	174	D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	123	76
D2543	Onlay - metallic - three surfaces	330◆	204		ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)		
D2544	Onlay - metallic - four or more surfaces	363◆	224	D3310	Endodontic therapy, anterior tooth (excluding final restoration)	200	102
	CROWNS - SINGLE RESTORATIONS ONLY			D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	250	123
D2710	Crown - resin-based composite (indirect)	119	80	D3330	Endodontic therapy, molar (excluding final restoration)	335	165
D2712	Crown - 3/4 resin-based composite (indirect)	119	80		ENDODONTIC RETREATMENT		
D2740	Crown - porcelain/ceramic substrate	450	180	D3346	Retreatment of previous root canal therapy - anterior	295	126
D2750	Crown - porcelain fused to high noble metal	420◆	180	D3347	Retreatment of previous root canal therapy - bicuspid	340	146
D2751	Crown - porcelain fused to predominantly base metal	400	162	D3348	Retreatment of previous root canal therapy - molar	428	198
D2752	Crown - porcelain fused to noble metal	410◆	173		APICOECTOMY/PERIRADICULAR SERVICES		
D2790	Crown - full cast high noble metal	420◆	171	D3410	Apicoectomy/periradicular surgery - anterior	220	102
D2791	Crown - full cast predominantly base metal	400	159	D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	240	114
D2792	Crown - full cast noble metal	410◆	165	D3425	Apicoectomy/periradicular surgery - molar (first root)	240	114
D2794	Crown - titanium	400	162	D3426	Apicoectomy/periradicular surgery (each additional root)	97	45
D2799	Provisional crown	97	51	D3430	Retrograde filling - per root	0	31
	OTHER RESTORATIVE SERVICES			D3450	Root amputation - per root	143	66
D2910	Recement inlay, onlay, or partial coverage restoration	23	17		OTHER ENDODONTIC PROCEDURES		
D2915	Recement cast or prefabricated post and core	25	18	D3920	Hemisection (including any root removal), not including root canal therapy	130	60
D2920	Recement crown	25	18	D3950	Canal preparation and fitting of preformed dowel or post	0	0
D2930	Prefabricated stainless steel crown - primary tooth	81	50		SURGICAL SERVICES (including usual postoperative care)		
D2931	Prefabricated stainless steel crown - permanent tooth	97	52	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	207	96
D2950	Core buildup, including any pins	75	48	D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	65	30
D2951	Pin retention - per tooth, in addition to restoration	13	8				
D2952	Post and core in addition to crown, indirectly fabricated	120	75				
D2953	Each additional indirectly fabricated post - same tooth	62	37				
D2954	Prefabricated post and core in addition to crown	85	62				
D2957	Each additional prefabricated post - same tooth	44	31				
D2970	Temporary crown (fractured tooth)	100	41				
D2971	Additional procedures to construct new crown under existing partial denture framework	25	25				
	PULP CAPPING						
D3110	Pulp cap - direct (excluding final restoration)	0	18				

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D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	188	90	D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	489	251
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	75	36	D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	489	251
D4249	Clinical crown lengthening - hard tissue	259	120	D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	195	120
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	360	168	ADJUSTMENTS TO DENTURES			
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	144	67	D5410	Adjust complete denture - maxillary	24	14
D4263	Bone replacement graft - first site in quadrant	130	60	D5411	Adjust complete denture - mandibular	24	14
D4264	Bone replacement graft - each additional site in quadrant	120	57	D5421	Adjust partial denture - maxillary	24	14
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	225	108	D5422	Adjust partial denture - mandibular	24	14
NON-SURGICAL PERIODONTAL SERVICES				REPAIRS TO COMPLETE DENTURES			
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	75	44	D5510	Repair broken complete denture base	60	32
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	19	11	D5520	Replace missing or broken teeth - complete denture (each tooth)	50	26
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	45	26	REPREPRES			
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, per report	100	0	D5610	Repair resin denture base	60	32
OTHER PERIODONTAL SERVICES				D5620	Repair cast framework	75	33
D4910	Periodontal maintenance	58	15	D5630	Repair or replace broken clasp	75	38
COMPLETE DENTURES (including routine post-delivery care)				D5640	Replace broken teeth - per tooth	60	32
D5110	Complete denture - maxillary	375	195	D5650	Add tooth to existing partial denture	75	38
D5120	Complete denture - mandibular	375	195	D5660	Add clasp to existing partial denture	75	42
D5130	Immediate denture - maxillary	400	213	D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	276	142
D5140	Immediate denture - mandibular	400	213	D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	276	142
PARTIAL DENTURES (including routine post-delivery care)				DENTURE REBASE PROCEDURES			
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	300	200	D5710	Rebase complete maxillary denture	155	96
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	300	200	D5711	Rebase complete mandibular denture	155	96
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	425	218	D5720	Rebase maxillary partial denture	140	86
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	425	218	D5721	Rebase mandibular partial denture	140	86
				DENTURE RELINE PROCEDURES			
				D5730	Reline complete maxillary denture (chairside)	90	56
				D5731	Reline complete mandibular denture (chairside)	90	56
				D5740	Reline maxillary partial denture (chairside)	80	50
				D5741	Reline mandibular partial denture (chairside)	80	50
				D5750	Reline complete maxillary denture (laboratory)	130	80
				D5751	Reline complete mandibular denture (laboratory)	130	80
				D5760	Reline maxillary partial denture (laboratory)	130	80
				D5761	Reline mandibular partial denture (laboratory)	130	80
				OTHER REMOVABLE PROSTHETIC SERVICES			
				D5850	Tissue conditioning, maxillary	55	51
				D5851	Tissue conditioning, mandibular	55	51
				FIXED PARTIAL DENTURE PONTICS			
				D6205	Pontic - indirect resin based composite	475	180
				D6210	Pontic - cast high noble metal	420◆	171
				D6211	Pontic - cast predominantly base metal	400	159
				D6212	Pontic - cast noble metal	410◆	165
				D6214	Pontic - titanium	400	159
				D6240	Pontic - porcelain fused to high noble metal	420◆	180

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D6241	Pontic - porcelain fused to predominantly base metal	400	162	D7288	Brush biopsy - transepithelial sample collection	45	0
D6242	Pontic - porcelain fused to noble metal	410◆	173		ALVEOLOPLASTY (surgical preparation of ridge for dentures)		
D6245	Pontic - porcelain/ceramic	475	180	D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	60	34
	FIXED PARTIAL DENTURE RETAINERS - CROWNS			D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	76	42
D6710	Crown - indirect resin based composite	475	180	D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	30	17
D6740	Crown - porcelain/ceramic	475	180		SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS		
D6750	Crown - porcelain fused to high noble metal	420◆	180	D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	81	50
D6751	Crown - porcelain fused to predominantly base metal	400	162		OTHER REPAIR PROCEDURES		
D6752	Crown - porcelain fused to noble metal	410◆	173	D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	108	67
D6790	Crown - full cast high noble metal	420◆	171	D7963	Frenuloplasty	54	34
D6791	Crown - full cast predominantly base metal	400	159		LIMITED ORTHODONTIC TREATMENT		
D6792	Crown - full cast noble metal	410◆	165	D8010	Limited orthodontic treatment of the primary dentition	750	0
D6794	Crown - titanium	400	159	D8020	Limited orthodontic treatment of the transitional dentition	750	0
	OTHER FIXED PARTIAL DENTURE SERVICES			D8030	Limited orthodontic treatment of the adolescent dentition	750	0
D6930	Recement fixed partial denture	42	26	D8040	Limited orthodontic treatment of the adult dentition	750	0
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	104	75		INTERCEPTIVE ORTHODONTIC TREATMENT		
D6972	Prefabricated post and core in addition to fixed partial denture retainer	76	62	D8050	Interceptive orthodontic treatment of the primary dentition	900	0
D6973	Core build up for retainer, including any pins	82	48	D8060	Interceptive orthodontic treatment of the transitional dentition	900	0
D6976	Each additional indirectly fabricated post - same tooth	38	28		COMPREHENSIVE ORTHODONTIC TREATMENT		
D6977	Each additional prefabricated post - same tooth	38	31	D8070	Comprehensive orthodontic treatment of the transitional dentition	2,900	0
	EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)			D8080	Comprehensive orthodontic treatment of the adolescent dentition	2,900	0
D7111	Extraction, coronal remnants - deciduous tooth	14	10	D8090	Comprehensive orthodontic treatment of the adult dentition	2,900	0
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	35	24		MINOR TREATMENT TO CONTROL HARMFUL HABITS		
	SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)			D8210	Removable appliance therapy	375	0
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	60	35	D8220	Fixed appliance therapy	375	0
D7220	Removal of impacted tooth - soft tissue	78	43		OTHER ORTHODONTIC SERVICES		
D7230	Removal of impacted tooth - partially bony	100	60	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	275	0
D7240	Removal of impacted tooth - completely bony	130	72	†	Orthodontic records fee	250	0
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	151	84		UNCLASSIFIED TREATMENT		
D7250	Surgical removal of residual tooth roots (cutting procedure)	76	35	D9110	Palliative (emergency) treatment of dental pain - minor procedure	26	16
D7251	Coronectomy - intentional partial tooth removal	130	72		PROFESSIONAL CONSULTATION		
	OTHER SURGICAL PROCEDURES			D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	43	18
D7280	Surgical access of an unerupted tooth	121	67				
D7283	Placement of device to facilitate eruption of impacted tooth	30	17				

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PROFESSIONAL VISITS							
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0	0				
D9440	Office visit, after regularly scheduled hours	54	20				
MISCELLANEOUS SERVICES							
★	Broken appointment per 15 minutes (without 24-hour notice)	11	0				
PLAN MAXIMUMS							
Contract Year Maximum			\$1,000				
FOOTNOTES							
†	Please report under code D8999 "Unspecified orthodontic procedure, by report." Records include all diagnostic procedures, such as cephalometric films, full mouth x-rays, models, and treatment plans.						
★	Please report under code D9999 "Unspecified adjunctive procedure, by report."						
◆	Charges for the use of precious (high noble) or semi precious (noble) metal are not included in the copayment for crowns, bridges, pontics, inlays and onlays. The decision to use these materials is a cooperative effort between the provider and the patient, based on the professional advice of the provider. Providers are expected to charge no more than an additional \$125 for these materials.						